

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	CLIENT LOAD DISTRIBUTION
Attorney Docket Number::	EQLC-P01-006
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	G.
Middle Name::	Paul
Family Name::	Koning
City of Residence::	Nashua
State or Province of Residence::	NH
Country of Residence::	US
Street of mailing address::	408 Joe English Road
City of mailing address::	New Boston
State or Province of mailing address::	NH

Postal or Zip Code of mailing address:: 03070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
Middle Name:: C.
Family Name:: Hayden
City of Residence:: Mount Vernon
State or Province of Residence:: NH
Country of Residence:: US
Street of mailing address:: 17 Purgatory Road
City of mailing address:: Mount Vernon
State or Province of mailing address:: NH
Postal or Zip Code of mailing address:: 03057

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Paula
Family Name:: Long
City of Residence:: Hollis
State or Province of Residence:: NH
Country of Residence:: US
Street of mailing address:: 25 Winchester Drive
City of mailing address:: Hollis
State or Province of mailing address:: NH
Postal or Zip Code of mailing address:: 03049

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Daniel
Middle Name:: E.
Family Name:: Suman
City of Residence:: Westford
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 11 Grizzley Bear Circle
Suite 201
City of mailing address:: Westford
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01886

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/441810	01/21/03

Assignee Information

Assignee name:: EQUALLOGIC INC.
Street of mailing address:: 9 Townsend West
City of mailing address:: Nashua
State or Province of mailing address:: NH
Postal or Zip Code of mailing address:: 03063